

IOWA DEPARTMENT OF NATURAL RESOURCES



COAL COMBUSTION RESIDUE MONOFILL

PERMIT APPLICATION FORM 50

MLF

Permit Number <u>- SDP - -</u>

☐ New Permit	
☐ Permit Renewal	
☐ Closure Permit	
SECTION 1: PERMIT APPLICATION REQUIREMENT	<u>NTS</u>
Name/Address of Owner of site:	Name/Address of Certified Operator Responsible for Operations at the Facility:
Phone #: Fax #:	Phone #: Fax #:
Name/Address of Permit Applicant:	Name/Address of Design Engineer (P.E.): Iowa Engineer License #: Expiration date:
Phone #: Fax #: Name/Address of Responsible Official for the Facility:	Phone #: Fax #: Name/Address of Agency and Responsible Official of Agency Served, if any:
Phone #: Fax #:	Phone #: Fax #:
Facility Name/Address:	

Facility Legal Description		

SECTION 2: PERMIT APPLICATION SUPPORTING DOCUMENTATION

PLANS AND SPECIFICATIONS

Unless otherwise requested by the department, <u>one</u> copy of plans, specifications and supporting documents shall be sent to the department for initial review. Upon written department approval, additional copies may be required for proper distribution.

Required Plans and Specifications	Attached
An executive summary shall address the following: Summary of modifications, if any, to the approved plans and specifications that occurred during the current permit cycle. Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed. Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if it shall be included with the renewed permit, be revised or be removed. Provide documentation and certification as required for new permit amendment requests, if any. Provide documentation and certification as required for new variance requests from lowa Administrative Code requirements, if any.	
SITE REQUIREMENTS IN ACCORDANCE WITH SUBRULE 103.1(1)	
PERMIT APPLICATION REQUIREMENTS IN ACCORDANCE WITH SUBRULE 103.1(2)	
DESIGN CRITERIA REQUIREMENTS IN ACCORDANCE WITH SUBRULE 103.1(3)	
OPERATING REQUIREMENTS IN ACCORDANCE WITH SUBRULE 103.1(4)	
CLOSURE/POSTCLOSURE REQUIREMENTS IN ACCORDANCE WITH SUBRULE 103.1(5)	
EMERGENCY RESPONSE AND REMEDIAL ACTION PLAN REQUIREMENTS IN ACCORDANCE WITH RULE 103.2	
FINANCIAL ASSURANCE REQUIREMENTS IN ACCORDANCE WITH RULE 103.3	

If the department finds the permit application information to be incomplete, the department shall notify the applicant of that fact and of the specific deficiencies. If the applicant fails to correct the noted deficiencies within 30 days, the department may reject the application and return the application materials to the applicant. The applicant may reapply without prejudice.

SECTION 3: APPLICANT SIGNATURE

Signature of Permit Applicant:	Date:
Printed Name:	Title:

Applications for sanitary disposal projects must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under lowa Administrative Code.

Send completed applications with attached information to:

Land Quality Bureau
Planning Permitting & Engineering Section
lowa Department of Natural Resources
502 E 9th Street
Des Moines, IA 50319

For questions concerning this application contact Nina Koger at 515-281-8986.